

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION:**

SOAH DOCKET NO. 453-04-5762.M4

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on June 2, 2003.

I. DISPUTE

Whether there should be reimbursement for CPT codes 90801, 90825, and 90889 for date of service June 4, 2002.

II. RATIONALE

The insurance carrier's representative indicated on the response to the TWCC-60 that the bill was being sent for auditing and they would pay when the audit is complete. The requestor was contacted on April 13, 2004 revealing the charges had not been paid and a dispute still exists.

- CPT Code 90801 denied as "A – Preauthorization not obtained". The CPT descriptor defines this CPT code as a psychiatric diagnostic interview examination; the report submitted by the requestor indicates a GAF score of 50, which indicates testing took place. Per Rule 134.600 (h)(2) psychiatric or psychological therapy or testing must be preauthorized. Preauthorization was not obtained; therefore, reimbursement is not recommended .
- CPT Code 90825 denied as "A – Preauthorization not obtained". Per Rule 134.600(h)(2) service rendered was a psychiatric evaluation of medical records, and other accumulated data for medical diagnostic purposes that does not require preauthorization. The insurance carrier incorrectly denied the service. Submitted relevant information supports service rendered as billed. Reimbursement in the amount of \$40 (20 minutes x \$2.00/minute) is recommended.
- CPT Code 90889 denied as "A – Preauthorization not obtained". Per Rule 134.600(h)(2) service rendered was preparation of the report that does not require preauthorization. The insurance carrier incorrectly denied the service. Submitted relevant information supports service rendered as billed. Reimbursement in the amount of \$40 (20 minutes x \$2.00/minute) is recommended.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for CPT codes 90801, 90825, and 90889 in the amount of \$80.00. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$80.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 15th day of April 2004.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

MF/mf